

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2110

CERTIFICATE OF DEATH

REGISTRAR'S NO.

42

BIRTH NO.

5 OF DEATH AND 39 RESIDENCE 1-	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u> C. CITY OR TOWN <u>Safford</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1122 8th Avenue</u>		B. LENGTH OF STAY IN THIS TOWN <u>16 yrs 75 yrs</u> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> C. CITY OR TOWN <u>Safford</u> D. STREET ADDRESS <u>1122 8th Avenue</u>		B. COUNTY <u>Maricopa</u> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Peter</u> B. (MIDDLE) <u>Abraham</u> C. (LAST) <u>Norton</u>		4. SEX <u>M</u>		5. COLOR OR RACE <u>W</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u>	
EDENT 1 SONAL 187 ATA 187	6B. NAME OF SPOUSE <u>Malinda</u>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>29</u> YEAR <u>1866</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>87</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Farmer</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Agiculture</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
454	13A. FATHER'S NAME <u>Wm. Elliott Norton</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Indiana</u>		15A. MOTHER'S MAIDEN NAME <u>Sarah Ann Matthews</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mississippi</u>	
	16. INFORMANT'S SIGNATURE <u>Jane Norton</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 5, 1954</u>		18. MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Cerebral arteriosclerosis</u> DUE TO (B) <u>Sensitivity</u> DUE TO (C) <u></u> 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
AUSE OF ATH M 18)	19A. DATE OF OPERATION <u></u>		19B. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u></u>		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE-BLDG., ETC.) <u></u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u></u>			
ATH TO RNAL ENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u></u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u></u>			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <u>4/3/54</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>11:55 AM</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>D. E. McKeown</u>		23B. ADDRESS <u>Safford, Ariz</u>		23C. DATE SIGNED <u>4/6/54</u>	
ICAL ORONER'S CATION	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>4-8-54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Safford Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford, Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>April 15, 1954</u>		25B. REGISTRAR'S SIGNATURE <u>D. J. Stratton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u>		27. EMPALMER'S SIGNATURE <u>W. H. Caldwell</u>	
TRAR 175							CERT. NO. <u>291</u>	